

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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31						
32						
33						
34						
35						
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.	39					
TOTAL CLAIMS	46					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57	1					
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
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94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	7					
TOTAL DEP.	39					
TOTAL CLAIMS	46					